



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005
(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).

Docket Number (Optional)

82225P5823

In re Application of
Jonathan M. Traxler

Application Number

09/945,128

Filed

8/31/2001

For **A SYSTEM, APPARATUS, AND METHOD TO
CONFIGURE A SERVER IN THE FIELD**

Group Art Unit

2151

Examiner

Tang, Karen C.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing in the above identified application.

The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):

| | <u>Fee</u> | <u>Small Entity Fee</u> | |
|---|------------|-------------------------|----------|
| <input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$120.00 |
| <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) | \$450 | \$225 | |
| <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | |
| <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | |
| <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 02-2666. I have enclosed a duplicate copy of the Fee Transmittal.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record. Registration Number 31,460.

☐ attorney or agent acting under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 31,460.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

August 21, 2006

Date

(408) 947-8200

Telephone Number

Signature

Lester J. Vincent

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.



FEE TRANSMITTAL for FY 2005

Patent fees are subject to annual revision.

Complete if Known

Application Number 09/945,128
Filing Date August 31, 2001
First Named Inventor Jonathan M. Traxler
Examiner Name Tang, Karen C.
Art Unit 2151
Attorney Docket No. 82225P5823

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 120.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify):

☐ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s)
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

| Total Claims | Extra Claims | Fee from below | Fee Paid |
|--------------------|--------------|----------------|----------|
| 15 | 20* | 0 | \$0.00 |
| Independent Claims | 3* | 0 | \$0.00 |
| Multiple Dependent | | | |

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|---|
| Fee Code | Fee Code | Fee (\$) |
| 1202 50 | 2202 25 | Claims in excess of 20 |
| 1201 200 | 2201 100 | Independent claims in excess of 3 |
| 1203 360 | 2203 180 | Multiple Dependent claim, if not paid |
| 1204 790 | 2204 395 | **Reissue independent claims over original patent |
| 1205 300 | 2205 150 | **Reissue claims in excess of 20 and over original patent |

SUBTOTAL (1) (\$) 0.00

**or number previously paid, if greater. For Reissues, see below

2. ADDITIONAL FEES

| Large Entity | Small Entity | Fee Description |
|--------------|--------------|--|
| Fee Code | Fee Code | Fee (\$) |
| 1051 130 | 2051 65 | Surcharge - late filing fee or oath |
| 1052 50 | 2052 25 | Surcharge - late provisional filing fee or cover sheet. |
| 2053 130 | 2053 130 | Non-English specification |
| 1251 120 | 2251 60 | Extension for reply within first month |
| 1252 450 | 2252 225 | Extension for reply within second month |
| 1253 1,020 | 2253 510 | Extension for reply within third month |
| 1254 1,590 | 2254 795 | Extension for reply within fourth month |
| 1255 2,160 | 2255 1,080 | Extension for reply within fifth month |
| 1401 500 | 2401 250 | Notice of Appeal |
| 1402 500 | 2402 250 | Filing a brief in support of an appeal |
| 1403 1,000 | 2403 500 | Request for oral hearing |
| 1451 1,510 | 2451 1,510 | Petition to institute a public use proceeding |
| 1460 130 | 2460 130 | Petitions to the Commissioner |
| 1807 50 | 1807 50 | Processing fee under 37 CFR 1.17(q) |
| 1806 180 | 1806 180 | Submission of Information Disclosure Stmt |
| 1809 790 | 1809 395 | Filing a submission after final rejection (37 CFR § 1.129(a)) |
| 1810 790 | 2810 395 | For each additional invention to be examined (37 CFR § 1.129(b)) |

Other fee (specify)

SUBTOTAL (2)

(\$) 120.00

Fee Paid

120.00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type) Lester J. Vincent

Registration No. 31,460
(Attorney/Agent)

Telephone (408) 947-8200

Signature

Date 08/21/06